

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41579

State File No. \_\_\_\_\_

FILED 1942 - 9 1942 74  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3052

Registrar's No. 413

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BOTHWELL HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 DAYS  
(Specify whether  
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80  
(c) City or town SEDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1211 E. BROADWAY  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country ✓ 0 ✓

3. (a) PRINT FULL NAME SALLIE EMMA VOELKEL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 1 5. Color or race White 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife WILLIAM M. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 2 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 9 20 hr. \_\_\_\_\_ min.

9. Birthplace HOLDEN MO 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name CHARLEY TRAUTMAN  
13. Birthplace FRANCE 5  
(City, town, or county) (State or foreign country)  
14. Maiden name SYBELLA DELANEY  
15. Birthplace KENTUCKY 1  
(City, town, or county) (State or foreign country)

16. (a) Informant RUTH VOELKEL  
(b) Address SEDALIA, MO.

17. (a) BURIAL (b) Date thereof 12 24 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Gillespie  
(b) Address Sedalia, Mo

19. (a) 12/24/42 Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22  
year 1942 hour 11:23 minute A M.  
21. I hereby certify that I attended the deceased from Dec 16 7 47  
AM to Dec 22 AM 1942  
that I last saw her alive on December 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 12 hrs  
Cerebral hemorrhage 6 days  
Cerebral apoplexy  
Due to arterio sclerosis  
Hypertension  
Other conditions Excessive obesity  
(Include pregnancy within 3 months of death)

Major findings: No operation  
Of operations \_\_\_\_\_  
Of autopsy No autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence none  
(c) Where did injury occur? none injury  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
No injury  
(Specify type of place)  
While at work? no (e) Means of injury no  
23. Signature B. J. Traver (M. D. or other)  
Address Sedalia, Mo Date signed 12/24/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-7-43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed L. E. Boudin  
Licensed Embalmer No. 3867  
P. O. Address Boudin M.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44579

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 413

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sallie Emma Volkkel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased mar 2 1888  
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 1942 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia  
bronchial pneumonia  
Due to cerebral hemorrhage  
cerebral apoplexy  
Due to arterio sclerosis  
hypertension  
Other conditions arterio sclerosis  
(Include pregnancy within 3 months of death)

Duration  
12 hrs  
15 hrs

Major findings: no operation  
Of operations \_\_\_\_\_  
Of autopsy no autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence none

(c) Where did injury occur? ✓ \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature E. A. Traders (M. D. number) \_\_\_\_\_  
Address Sedalia Mo Date signed 12/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

MOTHER FATHER

